

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR  
SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)**

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**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Senior Psychiatrist, (Supervisor), Correctional and Rehabilitative Services (Safety) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location and time bases you are interested in working.

This supplemental application will be 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**CALIFORNIA MEDICAL LICENSE:** \_\_\_\_\_  
Number Expiration Date

**PSYCHIATRY RESIDENCY TRAINING:** (Please indicate **SCHOOL NAME and DATES**)

Post Graduate Year 1 Post Graduate Year 2

Post Graduate Year 3 Post Graduate Year 4

**CLINICAL TRAINING:** \_\_\_\_\_

**SPECIALITY BOARD CERTIFICATION:** \_\_\_\_\_  
Number Specialty Expiration Date

Signature Date

**I certify that all the statements I have made in this application are true and correct.**

**MAILING INSTRUCTIONS:**

Mail your completed Supplemental Application along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address below:

<b>MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:</b>	California Department of Corrections and Rehabilitation Selection Services Section P. O. Box 942883 Sacramento, CA 94283-0001
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**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please clearly indicate your education, experience, and licensure information that meet the minimum qualifications for this exam:

**MINIMUM QUALIFICATIONS**

“Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Board of Osteopathic Examiners will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **and**

Satisfactorily completed specialized training requirements in psychiatry in programs that are accredited by either the Accreditation Council for Graduate Medical Education (ACGME) or certified by the Royal College of Physicians and Surgeons of Canada **and** by meeting one of the following residency training:

**Either I**

Completion of a four-year residency program in psychiatry accredited by the American College of Graduate Medical Education (ACGME). **and**

Two years of experience in a psychiatric facility or on a hospital psychiatric service.

**Or II**

Completion of a broad-based clinical year of ACGME-accredited training program in internal medicine, family medicine, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care. **and**

Three years of postgraduate, specialized residency training in an ACGME-accredited psychiatry program. **and**

Two years of experience in a psychiatric facility or on a hospital psychiatric service.”

(Candidates who are within six months of meeting these requirements may take the examination, but they cannot be appointed until these requirements are met.)

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- |  |  |
|--|--|
| 1. Are you willing to work in a State correctional facility?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to provide medical and mental health care to inmates/youthful offenders?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to comply with the Department's safety and security procedures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to actively participate in the peer review and clinical quality review process?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to comply with tuberculosis screening requirements?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**LICENSE REQUIREMENTS**

Please respond to each question by marking the appropriate box.

- |   |  |
|---|--|
| 9. Is your license to practice medicine currently restricted?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there currently any pending disciplinary charges against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have any disciplinary actions been taken against you by another state or jurisdiction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is your license to practice medicine currently subject to probationary conditions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Have your clinical privileges at any hospital or mental health care institution ever been revoked?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Has your medical staff membership or mental health care staff status at any hospital ever been revoked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

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**CERTIFICATIONS**

**Please indicate if you have completed any of the following certifications by marking the appropriate box.**

- |  |                          |
|--|--------------------------|
| 19. Board certified in psychiatry.                     | <input type="checkbox"/> |
| 20. Board certified in child or adolescent psychiatry. | <input type="checkbox"/> |
| 21. Certified Correctional Health Professional (CCHP)  | <input type="checkbox"/> |

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**MANAGERIAL EXPERIENCE**

Please check the box(es) that indicate which of the following classifications you have directly supervised.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 22. Psychiatrists                           |
| <input type="checkbox"/> | 23. Psychologists                           |
| <input type="checkbox"/> | 24. Psychiatric Social Workers              |
| <input type="checkbox"/> | 25. Nurses                                  |
| <input type="checkbox"/> | 26. Psychiatric Technicians                 |
| <input type="checkbox"/> | 27. Recreational or Occupational Therapists |
| <input type="checkbox"/> | 28. Residents/Interns                       |
| <input type="checkbox"/> | 29. Staff Psychiatrist (CDCR)               |

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

**Note to Applicant:** Under "Work Experience," for items #30-48, please indicate the following:

**Frequency:**

- Indicate if you have performed this task within the last 24 months; **AND**
- Indicate how often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)

**Level of Skill:**

- Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)

	FREQUENCY				LEVEL OF SKILL		
	Performed task within last 24 months	weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
30. Interview patients to establish symptoms and mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Physically examine patients to determine symptoms, evaluate mental health status, and determine diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Interpret various reports, medical charts, lab reports and other documents to determine next step in patient's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Perform clinical rounds consistent with on-call duties and acute/sub-acute patient care management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Educate patients about their diagnosis, treatment, condition and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Serve as consultant to health care staff on unusual or difficult mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Clinically supervise Psychiatrists, Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**WORK EXPERIENCE - CONTINUED**

<b>Note to Applicant:</b> Under "Work Experience," for items #30-48, please:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>Indicate if you have performed this task within the last 24 months; <b>AND</b></li> <li>Indicate how often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)</li> </ul>	FREQUENCY				LEVEL OF SKILL		
	Performed task within last 24 months	weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
43. Develop, implement, and review policies and procedures to ensure proper standardization of mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Establish and maintain effective working relationships with administrators, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Review and/or prepare various mental health care reports as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Conduct and/or facilitate staff conferences, meetings, and In Service Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Conduct and/or assist in interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**This question is not part of the examination but is for the hiring authority's information.** If you answer "yes" to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No

2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type \_\_\_\_\_

Visa expiration date \_\_\_\_\_

**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.  
If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, **once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any  
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 0309 **Mule Creek State Prison**  
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**  
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**  
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**  
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**  
San Quentin, Marin County
- ☐ 3400 **Headquarters**  
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**  
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**  
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**  
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**  
Tracy, San Joaquin County
- ☐ 4804 **California Medical Facility**  
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**  
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**  
Jamestown, Tuolumne County

**YOUTH FACILITIES:**

- ☐ 3902 **DeWitt Nelson YCF**  
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**  
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**  
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**  
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**  
**Conservation Camp Facility**  
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**  
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1015 **Pleasant Valley State Prison**  
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison –**  
**Reception Center, Wasco, Kern County**
- ☐ 1514 **North Kern State Prison**  
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**  
Delano, Kern County
- ☐ 1605 **Avenal State Prison**  
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**  
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**  
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**  
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**  
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**  
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**  
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**  
**Facility, Corcoran, Kings County**

**YOUTH FACILITIES:**

- ☐ 4003 **El Paso de Robles YCF**  
Paso Robles,  
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1307 **Calipatria State Prison**  
Calipatria, Imperial County (North)
- ☐ 1308 **Centinel State Prison**  
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**  
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**  
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**  
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**  
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**  
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**  
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**  
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**  
**at Rock Mountain, San Diego,**  
San Diego County

**YOUTH FACILITIES:**

- ☐ 3628 **Heman G. Stark YCF**  
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**  
**Reception Center & Clinic**  
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**  
Camarillo, Ventura County

**Please notify CDCR promptly of any address changes or availability for employment at the following address:**  
**CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center**



**SENIOR PSYCHIATRIST (Supervisor) CORRECTIONAL AND REHABILITATIVE SERVICES (Safety)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

These questions are not part of the examination but are for the hiring authority's information.

***HOW DID YOU HEAR ABOUT THE SENIOR PSYCHIATRIST (Supervisor), CORRECTIONAL AND REHABILITATIVE SERVICES (Safety), EXAMINATION?***

Check the box that best describes how you found out about the Senior Psychiatrist, (Supervisor), Correctional and Rehabilitative Services (Safety) examination:

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other